WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

| 19-09874 DEPUTY K. MUELLER | Document Number Override | Primary Crash Docum | | | | | |
|--|--|---------------------------|--------------------|---------------------------------------|---------------------------------------|---------------|-----------------|
| Crash Time Onterest | | a., 314311 230411 | | | | | |
| Active School Zone School Bus Related No NoT TO SCALE Photos By NoT TO SCALE Total Units Total Injured Total Killed No NoNE Total Killed No NoNE Total Killed No NoNE No No No No No | Crash Date | | | rived | Time Arrived | | |
| O1:58 PM O2 O0 O0 On Emergency | | | | | | 1 | |
| Government Property Active School Zone NO Tags Reportable Crash Type DT4000 (STANDARD CRASH) NOT TO SCALE Reconstruction By Reconstruction By Additional Information NONE | | | | nits | | | ed |
| Reportable Crash Type DT4000 (STANDARD CRASH) Rescription NOT TO SCALE Reconstruction By Additional Information NONE | On Emergency H | it and Run | Lane Closure | Work Zone | ▼ Trailer or 1 | Towed | |
| Reportable Crash Type DT4000 (STANDARD CRASH) PSCription Inagram Reconstruction By Additional Information NONE Crash Type DT4000 (STANDARD CRASH) Photos By | 1 | Active School | 7000 | Bus Related | Tags | | |
| Photos By NOT TO SCALE Photos By Additional Information NONE Camper U1 | | Crash Type DT4000 (STANDA | | | Amended | | |
| NOT TO SCALE Photos By Additional Information NONE Camper U1 | | | | | | | Crasii |
| | NOT T | | Campe | U1 (() | Ado | ditional Info | rmation |
| 1.29 MI E 43.532922315 -89.944505624 -89.944505624 | I, a sworn law enforcement of the state of t | 2. UNIT 2 SLOWED FO | OR TRAFFIC. UNIT 1 | WASN'T ABLE TO STO THE DRIVER OF UNIT | P IN TIME AND STRU 1 WAS CITED FOR | FOLLOWIN | IG TOO CLOSELY. |

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Crash Scene

| Ī | First | Harmful Event | | | First Harmful Event Location | | | | | | |
|-----|--------|---|-------------------|--------------------------|------------------------------|---------------|---|--|------------|---------------|--|
| | MO | TOR VEH IN TRANSPO | ORT | ON ROADWAY | | | | | | | |
| Ì | Manı | ner of Collision | | | Light Cond | dition | | | | | |
| | 02 | FRONT TO REAR | | | | DAYLIGHT | | | | | |
| | Road | d Surface Condition(s) | | | Roadway | Factor(s) | | | | | |
| | DRY | • | | | | | | | | | |
| | Envi | ronment Factor(s) | | | | | | | | | |
| | МОИ | NE | | NONE | | | | | | | |
| | Wea | ther Condition(s) | | | | | | | | | |
| | CLE | AR | | | | | | | | | |
| | Anim | al Type | | | o Trafficwa CWAY - C | ay ON ROAD | | | | | |
| | | h Classification - Location | | | | | | - Jurisdiction | | | |
| | | BLIC PROPERTY | | | | | | RISDICTION | | Io : 10: 1 | |
| | Triba | al Land | | | | NO CON | | | | Special Study | |
| | | in Interchange Area | Junction Location | | Intersection | | | | | | |
| Į | NO | _ | NON-JUNCTION | | NOT AN | INTERSE | CTION | | | | |
| | | t Summary Status | | I Vahiala One | rating As C | loosification | | Luse | | | |
| | | Status RANSIT | | Vehicle Ope | - | lassification | l | Unit Type AUTOMOBILE | | | |
| ŀ | | cle Type | | D CLASS | | | | Operating As Endorsements | | | |
| 5 | | SENGER CAR | | | | | | | | | |
| ŀ | | Occs | Total # Cita | Total # Citations Issued | | | railers Total HazMat Types | | | | |
| | 1 | | | 1 | | 0 | | 0 | | | |
| İ | Insur | Insurance? Direction Of Travel | | | Pre CrashTire | | | | Total Land | es | |
| ≡ l | YES | | | Mark | | 55 | | 2 | | | |
| | | : Harmful Event: Collision \ FOR VEH IN TRANSPO | | Special Fun | TION | TION | | Emergency Motor Vehicle Use NOT APPLICABLE | | | |
| ŀ | Traff | ic Way | | Traffic Cont | | | Traffic Control Inoperative/Missing NO Road Grade | | | | |
| | TWC | D-WAY, NOT DIVIDED | | NO CONT | | | | | | | |
| ĺ | | асе Туре | | Road Curva | | | | | | | |
| | | CKTOP (BITUMINOU | S) | STRAIGHT | | | LEVEL | | | | |
| | Truci | k Bus or HazMat | | | | | | | | | |
| | , | Vehicle | | | | | | | | | |
| | | License Plate Number | | Plate Type | | | St | Country of Is | suance | | |
| | | 683FNT | | AUT - AU | ІТОМОВІІ | _E | WI | UNITED S | TATES | | |
| 5 | 1 | Vehicle Identification Nur | | Make | | | Year | Model | | | |
| 0 | 01 | 1G2HY54K24U13708 | 9 | PONTIAC | | | 2004 | BONNEVILLE | | | |
| | | Color BRZ - BRONZE | | Body Style 4D - 4DR | | | | | NOT A BUS | | |
| ا ـ | LE | Initial Contact Point | Vehicle Da | Vehicle Damage | | | | | | | |
| | ₽ | 12FRONT Extent Of Damage | | 12FRO | 12 EPONT | | | | | | |
| > | VEHICL | DISABLING DAMAG | E | 12-1101 | •• | | | | | | |
| | | Towed Due To Damage | | Vehicle Re | moved By | | | | | | |
| | | TOWED DUE TO DIS | ABLING DAMAGE | REEDSB | URG SAL | VAGE | | | | | |
| | | What Driver Was Doing | | Vehicle Fa | ctors | | | · <u> </u> | | | |
| | | GOING STRAIGHT Driver Prior Action Other | | NOT APP | PLICABLE | | | | | | |
| | | | | | | | | | | | |
| | | | | ! | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 08/08/2019

Crash Time 01:58 PM

| | | | | | , | | | | | | | | |
|--|------------|---------------------------------------|-----------------------|---|--------------------|--|--|--|--|--|--|--|--|
| | | Driver Actions | = | | | | | | | | | | |
| _ | 쁘 | FOLLOWING TOO CLOSE | = | | | | | | | | | | |
| LNO | VEHICL | | | | | | | | | | | | |
| 5 | 击 | | | | | | | | | | | | |
| | > | | | | | | | | | | | | |
| | | Owner Name | | Owner Address | | | | | | | | | |
| | | MICHELLE L MILLER | | S3052 AULT RD | | | | | | | | | |
| 5 | 5 | (608) 393-3699 | | REEDSBURG, WI 53959 , US | | | | | | | | | |
| | | | | | | | | | | | | | |
| | ; | Sequence Of Events | | | | | | | | | | | |
| | | Event | ODT | | | | | | | | | | |
| | 2 | MOTOR VEH IN TRANSPO | URI | | | | | | | | | | |
| | 05 | Event | | | | | | | | | | | |
| | _ | Finet | | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | | |
| | 4 | Event | | | | | | | | | | | |
| | 0 | | | | | | | | | | | | |
| _ | ı | Policy Holder | | | | | | | | | | | |
| LIND | | Insurance Company | | Individual | | | | | | | | | |
| _ | | ERIE-INS-CO | | MICHELLE MILLER | | | | | | | | | |
| | ı | Individual | | | | | | | | | | | |
| | | Driver | | Citations Issued | Sex | | | | | | | | |
| | ļ | TAYLER MARIE MILLER (608) 415-9716 | | 1 | FEMALE | | | | | | | | |
| _ | INDIVIDUAL | (600) 110 0110 | | Date of Birth | Race WHITE | | | | | | | | |
| | ≥ | Address | | Driver License Number | | | | | | | | | |
| ر ر | 2 | S3052 AULT RD REEDSBURG, WI 53959 | 116 | STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | | | |
| | _ | REEDSBORG, WI 33939 | , 03 | | | | | | | | | | |
| | | On Duty | Crook | 0.64.5 | | | | | | | | | |
| | Sat | fety Equipment | Ciasii | Safety Equipment | | | | | | | | | |
| | | Seat Position | | SHOULDER & LAP BELT | | | | | | | | | |
| | | 1FRONT SEAT-LEFT SII | DE (DRIVER/MOTORCY | | | | | | | | | | |
| | | Helmet Use | <u>-</u> | Helmet Compliance | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | | | | |
| | _ | Injury Se | everity | Airbag | | | | | | | | | |
| 5 | 00 | Injury NO AP | PARENT INJURY | NON DEPLOYED | | | | | | | | | |
| | | Ejected | Ejection Path | | Trapped/Extricated | | | | | | | | |
| | | NOT EJECTED | NOT EJECTED/NOT APP | PLICABLE | NOT TRAPPED | | | | | | | | |
| | | Medical Transport | | EMS Agency Identifier | EMS Run # | | | | | | | | |
| | | NOT TRANSPORTED | | | | | | | | | | | |
| | | Hospital | | Date of Death | Time of Death | | | | | | | | |
| Distracted By Source NOT APPLICABLE (NOT DISTRACTED) | | | | | | | | | | | | | |
| | | | PPLICABLE (NOT DISTRA | ACTED) | | | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | | | |
| | | Striking | Unit # Location | | | | | | | | | | |
| | | Non Motorist | | | | | | | | | | | |
| | | Prior Action | | | | | | | | | | | |
| | | | | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

| LINI | INDIVIDUAL | Action | | | | | | | | | | | |
|------|---|---|------|-----------------|--------------------------|-----------------|--------------------------------------|----------|---------------------|----------------------|------------|-------------|--------|
| | | Action Other | | | | | | | | | | To/From | School |
| | | Suspected Alcohol Use | | | | | Suspected Drug Use | | | | | | |
| | L | Prug & Alcohol NO | | | | NO | | | | | | | |
| | | Alcohol Test Given TEST NOT GIVEN | | Alcohol Test Ty | /pe | | | | Alcohol Tes | t Results | | | |
| | | Drug Test Given TEST NOT GIVEN | | | Drug Test Type | 9 | | Drug 7 | Test Results | | | | |
| _ | _ | Drug Type | | | | | | | | | | | |
| 01 | 00 | 2.09 1)20 | | | | | | | | | | | |
| | | Individual Condition | | | | | | | | | | | |
| | | APPEARED NORM | ИAL | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | ` | Violations | | T 0 10: | | | D 1 11 | | | | | | |
| | 2 | UTC Number BD755462 | 001 | | itute Number 6.14(1m) | | Description AUTOMOBILE FOLL | OWIN | IG TOO CL | .OSELY | | | |
| | Uni | t Summary • | • | ' | | | | | | | | | |
| | | Status | | | | | hicle Operating As Classif | fication | | Unit Type | | | |
| | | RANSIT | | | | D | D CLASS | | | TRUCK | - | | |
| 02 | Vehicle Type UTILITY TRUCK/PICKUP TRUCK | | | | | | | | | Operating A | s Endorsen | nents | |
| | | | | | | То | tal # Citations Issued | | Total Traile | , , , | | | |
| | 1 | | | Direction Of Tr | rovol | 0 | On and Lie | | | 0 mit Total Lanes | | | |
| T | NO | rance? | | WESTBOUN | | | Pre CrashTire Speed Life 55 | | - | 2 | | | |
| UNIT | | Harmful Event: Collisio | | | | | Special Function NO SPECIAL FUNCTION | | | Emergency NOT APP | | cle Use | |
| | | TOR VEH IN TRANS | SPOI | K I | | Traffic Control | | | | Traffic Cont | | ive/Missina | |
| | | D-WAY, NOT DIVIDI | ED | | | NO CONTROL | | | | | .oopo.a. | | |
| | Surfa | асе Туре | | | | Road Curvature | | | Road Grade | | | | |
| | | CKTOP (BITUMING | DUS) |) | | STRAIGHT | | | | LEVEL | | | |
| | Truc NO | k Bus or HazMat | | | | | | | | | | | |
| | | Vehicle | | | | | | | | | | | |
| | | License Plate Number | r | | | | ate Type | | | Country of Is | | | |
| | | NG5116 | | | | | TK - LIGHT TRUCK | | WI | UNITED STATES | | | |
| 05 | 05 | Vehicle Identification I 1GC1KWE87FF18 | | | | | ake HEVROLET | | Year 2015 | Model SILVERADO | | | |
| | | Color | | | | | ody Style | | | Bus Use NOT A BUS | | | |
| | ш | RED - RED Initial Contact Point | | | | | K - PICKUP ehicle Damage | | | NOT A BO | | | |
| UNIT | | 6REAR | | | | | - | | | | | | |
| 5 | VEHICL | Extent Of Damage NO DAMAGE | | | | N | O DAMAGE | | | | | | |
| | > | Towed Due To Damag | ae | | | V | ehicle Removed By | | | | | | |
| | | NOT TOWED | | | | | PERATOR | | | | | | |
| | | What Driver Was Doir | - | | | V | ehicle Factors | | | | | | |
| | | SLOW/STOPPING Driver Prior Action Otl | | | | N | OT APPLICABLE | | | | | | |
| | SHOTT HOLVER SHOT | | | | | | | | | | | | |

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

| | | | | | | | | | ` , | | | | |
|------|------------------------------------|--|----------------------------|-------------------|-------------------------|--|------------------|--------------|---|--|--|--|--|
| LINO | VEHICLE | Driver Actions NO CONTRIBUTING ACTION Owner Name Owner Address | | | | | | | | | | | |
| 05 | 02 | Owner Name MARK ROY MESMA (608) 220-6025 | AN | | | Owner Address 3942 E SURVEY RD DODGEVILLE, WI 53533 , US | | | | | | | |
| | | Sequence Of Ev | ents | | | | | | | | | | |
| | 10 | Event MOTOR VEH IN TR | | | | | | | | | | | |
| | 02 | Event | | | | | | | | | | | |
| | 03 | Event | | | | | | | | | | | |
| | 04 | Event | | | | | | | | | | | |
| | - | Trailer/Towed | | | | | | | | | | | |
| 05 | | Trailer Plate # | Plate Type | | Make CHEO | | State | Count | ry of Issuance | | | | |
| LINO | TRAILER/ TOWED | Unit Type RECREATIONAL Vehicle Identification Number 4X4TCKZ24KK059154 Unit Type RECREATIONAL MARK ROY MESM. (608) 220-6025 | | | | | | | ess 2 E SURVEY RD OGEVILLE, WI 53533 , US | | | | |
| | | ndividual | | | | | | | | | | | |
| | | Driver | | Citations Issued | | | Sex | | | | | | |
| | AL | MARK ROY MESM. (608) 220-6025 | AN | | 0 Date of Bir | th | | MALE Race | | | | | |
| ⊨ | חם | | | | | | | WHITE | | | | | |
| TINO | INDIVIDUAL | Address 3942 E SURVEY RD DODGEVILLE, WI 53533 , US | | | | Driver License Number STATE: WISCONSIN COUNTRY: UNITED STATES | | | | | | | |
| | Sat | On Duty Crash Safety Equipment | | | | | Safety Equipment | | | | | | |
| | | Seat Position 1FRONT SEAT-LE | EFT SIDE (D | R/MOTORCY | SHOULDER & LAP BELT | | | | | | | | |
| | | Helmet Use | | Helmet Compliance | | | | | | | | | |
| | | Eye Protection | | Tint Compliance | | | | | | | | | |
| 05 | Injury Severity NO APPARENT INJURY | | | | | Airbag NON DEPLOYED | | | | | | | |
| | | Ejected NOT EJECTED | Eject | tion Pat | th CTED/NOT APPL | ICABLE | | | Trapped/Extricated NOT TRAPPED | | | | |
| | | Medical Transport | | | | EMS Ager | ncy Identifier | | EMS Run # | | | | |
| | NOT TRANSPORTED | | | | | Data of Da | ooth. | | Time of Dooth | | | | |
| | | Hospital | D' ID | 0 | | Date of Death Time of Death | | | | | | | |
| | | Distracted By | Distracted By NOT APPLI | CABL | ; E (NOT DISTRAC | CTED) | | | | | | | |
| | | Distracted By Action NOT DISTRACTED | | | | | | | | | | | |
| | | Non Motorist | Striking Unit # | ŧ | Location | | | | | | | | |
| | | Prior Action | | | 1 | | | | | | | | |
| | | | | | | | | | | | | | |

Wisconsin Motor Vehicle Crash

Form DT4000

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMEN 1300 LANGE COURT BARABOO, WI 53913 (608) 356-4895

Crash Date 08/08/2019

Crash Time 01:58 PM

| TIND | INDIVIDUAL | Action | | | | | |
|------|------------|-------------------------------------|-------------------|-----------------------|-------------------|----------------------|----------------|
| | L | Action Other Suspected Alcohol UNO | Jse | Suspected Drug Use NO | | | To/From School |
| | | Alcohol Test Given TEST NOT GIVEN | Alcohol Test Type | • | | Alcohol Test Results | |
| | | Drug Test Given TEST NOT GIVEN | Drug Test Type | | Drug Test Results | | |
| 05 | 005 | Drug Type | | | | | |
| | | Individual Condition | | | | | |
| | | APPEARED NORMAL | | | | | |